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P.1/14

MAY 27 2008

FACSIMILE COVER SHEET

Deliver to: Cho, Hong Sol, USPTO	Art Group: 2616				
Facsimile No.: (571) 273-8300	Date: May 27, 2008				
From: Mark L. Watson, Reg. No. 46,322					
Our Docket No.: 42P16159	Number of pages 14 ;including this sheet.				
Application No.: 10/646,958	Filing Date: 8/21/2003				
Enclosed are the following documents:	Docket Due Date(s): 8/1/2008				
★ Amendment: Response (_11_pgs)	☐ Issue Fee Transmittal				
Appeal Brief (pgs)	☐ Notice of Appeal (in duplicate)				
Application:	Petition for:				
(pgs) w/cover & abstract)	Request for Continued Exemination (RCE) (in duplicate)				
☐ Assignment & Cover Sheet (pgs)	Reply Brief (pgs)				
☑ Certificate of Eacsimile	Request & Certification Under 35 USC 122(b)(2)(B)(i)				
☐ Continued Prosecution Application (CPA)	□ Request to Rescind Previous Nonpublication Request				
☐ Declaration & POA (pgs)	☐ Response to Notice of Missing Parts & Formalities Letter				
☐ Drawings:sheets, figures	Response to Written Opinion (pgs)				
Extension of Time:	☐ Terminal Disclaimer				
☑ Fee Transmittal (in duplicate)	□ Transmittal of Publication Fee Due				
☐ IDS & PTO/SB/08 (pgs)	☐ Transmittal Letter				
Other					
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A) I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office. 5/27/2008					
Shannon Serrano Date					

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MAY 27 2008

FEE TRANSMITTAL		Complete if P			
	Application Number				
for FY 2007	Filing Date	: August 2			
Patent fees are subject to annual revision.	First Named Invent	- Care 7 11 1			
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Cho, Hor	ig Sol		
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Art Unit	2616			
TOTAL AMOUNT OF PATIENTS (4)	Attorney Docket No	o. 42P16159			
METHOD OF PAYMENT (check all that apply)					
☐Check ☐Credit card ☐ Money Order ☒Nonc ☐	Other (please identi	fy):			
Deposit Account Deposit Account Number: 02-2666 [Deposit Account Na	me: Blakely, Sol	koloff, Tayle	or & Zafman LLP	
For the above-identified deposit account, the Director is a					
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during the pendency of this application.	appropris		tension of ti	me and all required	
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FEE CALCULATION					
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Multiple Dependent					
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1203 370 2203 185 Multiple Dependent claim, if not paid					
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2. ADDITIONAL FEES				·	
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code (\$) Code (\$) Fee Description		Fe	e Paid		
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1052 50 2052 25 Surcharge - late provisional filing fee or cover sh	eet				
2053 130 2053 130 Non-English specification 1251 120 2251 60 Extension for reply within first month					
1752 460 2252 230 Extension for reply within second month					
1253 1,050 2253 525 Extension for reply within third month 1254 1,640 2254 820 Extension for reply within fourth month			•		
1256 2,230 2255 1,115 Extension for reply within fifth month		<u> </u>		•	
1401 510 2401 255 Notice of Appeal 1402 510 2402 255 Filing a brief in support of an appeal					
1403 1,030 2403 515 Request for oral hearing					
1461 1.510 2451 1.510 Petition to institute a public use proceeding 1460 130 2460 130 Petitions to the Commissioner					
1807 50 1807 50 Processing fee under 27 CFR 1.17(q)					
1806 180 1806 180 Submission of Information Disclosure Stret 1809 810 1809 405 Filing a submission after final rejection (37 CFR)	1.129(a))	—			
1810 810 2810 405 For each additional invention to be examined (37	CFR § 1.129(b))				
Other (se (specify)					
SUBTOTAL (2)					
SUBMITTED BY // /			Comp	lete (if applicable)	
Name (PrintType) Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980	
Signature			Date	05/27/08	

MAY 27 2008

FEE TRANSMITTAL	Complete if Known					
	Application Number	10/646,93	58			
for FY 2007	Filing Date	August 2	1, 2003			
Patent fees are subject to annual revision.	First Named Invento	Carey W.	Smith			
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Cho, Hor				
	Art Unit	2616	<u> </u>			
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.					
						
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ C	ther (please identif	fy):				
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For the above-identified deposit account, the Director is he	ereby authorized to	: (check all that a	apply)			
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during the pendency of this application.	appropria		tension of ti	me and all required		
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FEE CALCULATION						
1. EXTRA CLAIM FEES Eutry Fee from			-			
Chins below Fee Paid						
Total Claims 13 25 = 0 x 50.00 = \$0.00						
Independent 4 4 4 = 0 x 210.00 = \$0.00	•					
Multiple Dependent =						
Large Entity Small Entity						
Fee Fee Fee Fee Description						
Code (8) Code (5) 1202 50 2202 25 Claims in excess of 20						
1201 210 2201 105 Independent claims in excess of 3						
1203 370 2203 185 Multiple Dependent claim, if not paid 1204 810 2204 405 "Reissue independent claims over original patent						
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2. ADDITIONAL FEES Large Entity Small Entity						
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1403 1.030 2403 515 Request for oral hearing			<u> </u>			
1451 1,510 2451 1,510 Petition to Institute a public use proceeding 1480 130 2460 130 Petitions to the Commissioner						
1807 50 1807 50 Processing fee under 37 CFR 1.17(q)		<u> . </u>				
1806 180 1808 180 Submission of Information Disclosure Stmt 1809 810 1809 405 Filing a submission after final rejection (37 CFR § 1.129(a))						
1810 810 2810 405 For each additional invention to be examined (37 CFR § 1.129(b))						
Other fee (specify)						
SUBTOTAL (2)		(\$)				
SUBMITTED BY Complete (if applicable)						
SUBMITTED BY	Registration No.	<u> </u>				
Name (PrintType) Mark L. Watson	(Attorney/Agent)	46,322	Telephone	(303) 740-1980		
Signature //			Date	05/27/08		

RECEIVED **CENTRAL FAX CENTER** MAY 27 2008

Our Docket No: 042390.P16159

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MAY-27-2008 14:03 From: BSTZ

Smith

Application No.: 10/646,958

Filed: August 21, 2003

For: COMMUNICATION PROTOCOL

DETERMINATION

Examiner: Cho, Hong Sol

Art Group: 2619

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 1, 2008, applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

May 27, 2	800
Date of De	posit
Shannon Se	πάπο
Name of Person Transmitt	ing Correspondence
Shannon Summe	5/27/08
Signature	Date